MAXIMUS Federal Services

Case Number:	CM15-0063838		
Date Assigned:	04/09/2015	Date of Injury:	03/05/1997
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial injury on 03/05/1997. Treatment to date has included trigger point injections, TENS unit, epidural steroid injection, MRI of the lumbar spine and medications. Currently, the injured worker complains of persistent pain in the mid to low back. Symptoms have gradually returned following a recent trigger point injection. Medication regimen included Amlodipine Besylate, Chlorzoxazone, Losartan, Metformin, Neurontin, Norco and Propranolol. The provider's impression was noted as flare, chronic lumbar sprain with degenerative disc disease in the thoracolumbar region of the spine. The injured worker received a trigger point injection. Prescriptions were refilled for Norco, Ibuprofen and Chlorzoxazone. Currently under review is the request for a lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4 - L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic lumbar sprain, flare; and degenerative disc disease in the thoracolumbar region. Documentation from a January 19, 2015 progress note does not show objective evidence of radiculopathy. The primary complaints are limited to the thoracolumbar region with tenderness to palpation. A February 18, 2015 progress note indicates the injured worker received a recent trigger point injection. Again, there is not objective evidence of radiculopathy documented in the medical record. Sensory and motor examination was unremarkable. The treatment plan did not contain a clinical entry referencing an epidural steroid injection. Consequently, absent clinical documentation with objective evidence of radiculopathy and corroboration with magnetic resonance imaging and/or electrodiagnostic studies with a clinical indication/rationale for an ESI, lumbar epidural steroid injection at L4 - L5 is not medically necessary.